



# County of San Diego

CATHERINE J. TROUT  
Director

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

3989 RUFFIN ROAD, SAN DIEGO, CALIFORNIA 92123-1890

TEL: (858) 694-4801  
FAX: (858) 694-4871  
TDD: (858) 694-4884  
Toll-free: 1-877-478-5478

## RENT REASONABLENESS CERTIFICATION

OWNER: \_\_\_\_\_ TENANT: \_\_\_\_\_

ADDRESS OF PROPOSED RENTAL UNIT: \_\_\_\_\_

NUMBER OF BEDROOMS \_\_\_\_\_ NUMBER OF BATHROOMS \_\_\_\_\_ SQUARE FOOTAGE \_\_\_\_\_

Section 8 Program Regulations require contract rents be comparable to rents charged by the owner for other comparable unassisted rental units, and rents charged for similar units in the local community.

To ensure rent reasonableness, the Housing Authority **requires** at least 3 comparisons for like units in the area.

**ALL SUBSIDIZED RENTAL UNITS REQUIRE COMPARABLES IF THE SUBSIDIZED UNIT IS AN APARTMENT COMPLEX, ONE COMPARABLE MUST BE FOR AN UNASSISTED UNIT IN THE COMPLEX.**

Name of Complex/Owner: \_\_\_\_\_

Address of Comparable Unit: \_\_\_\_\_

Complex/Owner Phone Number: \_\_\_\_\_ Current Rent: \_\_\_\_\_

Number of Bedrooms \_\_\_\_\_ Number of Bathrooms \_\_\_\_\_ Square Footage \_\_\_\_\_

Name of Complex/Owner: \_\_\_\_\_

Address of Comparable Unit: \_\_\_\_\_

Complex/Owner Phone Number: \_\_\_\_\_ Current Rent: \_\_\_\_\_

Number of Bedrooms \_\_\_\_\_ Number of Bathrooms \_\_\_\_\_ Square Footage \_\_\_\_\_

Name of Complex/Owner: \_\_\_\_\_

Address of Comparable Unit: \_\_\_\_\_

Complex/Owner Phone Number: \_\_\_\_\_ Current Rent: \_\_\_\_\_

Number of Bedrooms \_\_\_\_\_ Number of Bathrooms \_\_\_\_\_ Square Footage \_\_\_\_\_

**I CERTIFY THAT THE RENT I AM REQUESTING FOR MY SECTION 8 RENTAL UNIT DOES NOT EXCEED RENTS BEING CHARGED FOR COMPARABLE UNASSISTED UNITS.**

Owner/Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HOUSING REPRESENTATIVE: \_\_\_\_\_ ANNIVERSARY DATE: \_\_\_\_\_

530 (12/2000)

*Serving as the Housing Authority of the County of San Diego*